## 2020774300

FE5AN018

FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE PUBLIC RECORDS

12 OCT 15 PM 5: 28

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|--|--------------------------------|--|-----------------------------------|--|
| NAME OF COMMITTEE (in full)  | TYPE OR PRINT ▼                | Example: If typing, type over the lines. | 12FE4M5                           | <u></u>  |
| Kay Hagan for U.S. S   | Senate, Inc.                   |  | 1 1 1 1 1 3 1 1                   |  |
|  |                                |  |                                   |  |
| ADDRESS (number and street)  | PO Box 29103                   | 1111111                                  |                                   |  |
| <b>V</b>   |                                |  | <u> </u>                          |  |
| Check if different than previously reported. (ACC)   | Greensboro                     |  | NC 27429                          |  |
| 2. FEC IDENTIFICATION  | NUMBER ▼C                      | <sub>TY</sub> ▲                          | STATE A                           | ZIP CODE A<br>STATE ▼ DISTRICT   |
| C C00457622  | 3. IS T                        | PORT NEW (N) OR                          | AMENDED (A)                       | NC 00  |
| (a) Quarterly Reports:  April 15 Quarterly Report (Q1)   | (b) 12-D                       | Primary (12P)  Convention (12C)          | ne:  General (12G)  Special (12S) | Runoff (12R)   |
| July 15 Quarterly  October 15 Qua  | A. J. D (00)                   | etion on                                 |                                   | in the   |
| January 31 Year  |                                | Pay POST-Election Report for             | the:                              | the contract of the contract o |
|  |                                | General (30G)                            | Runoff (30R)                      | Special (30S)  |
| Termination Rep  | · · ·                          | etion on M M / D D                       | / <del>  Y Y Y Y Y Y  </del>      | in the State of  |
| 5. Covering Period   | 07                             | through                                  | 9 / SO / YY                       | y v y v y<br>2012  |
| I certify that I have examined   | this Report and to the best of | of my knowledge and belief it            | is true, correct and con          | nplete.  |
| Type or Print Name of Treasurer  Dwight M. Davidson III  Signature of Treasurer  Dwight M. Davidson III  Date  Date                            |                                |  |                                   |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. |                                |  |                                   |  |
| Office<br>Use  |                                |  | F                                 | EC FORM 3 Revised 02/2003)   |